

## FDA Site Inspection Checklist

At least one week before the scheduled visit, the PI/designated study staff should complete the following activities:

| Task  | Items  | Done | NA | Notes |
|---|--|------|----|-------|
| <b>Audit Notification</b>   |  |      |    |       |
| <b>Notify all parties of impending audit</b>  | Sponsor  |      |    |       |
|   | IRB  |      |    |       |
|   | Principal investigator   |      |    |       |
|   | Subinvestigators   |      |    |       |
|   | Pharmacy   |      |    |       |
|   | Laborator(ies)   |      |    |       |
|   | Office of Research   |      |    |       |
|   | Medical Records  |      |    |       |
|   | Administration   |      |    |       |
|   | Legal counsel  |      |    |       |
| <b>Reserve audit space</b>  | Work space   |      |    |       |
|   | phone  |      |    |       |
|   | copier   |      |    |       |
|   | table  |      |    |       |
| <b>Organization</b>   |  |      |    |       |
| <b>Study overview</b>   | Prepare general overview of study  |      |    |       |
|   | List personnel and delegated   |      |    |       |
| <b>Subject lists</b>  | List all subjects including name, contact info., enrollment and completion dates, and MRN# |      |    |       |
|   | List all subjects screened with enrollment or reason not enrolled                          |      |    |       |
| <b>PI Current Active Studies</b>  | List of Principal Investigator's current active studies                                    |      |    |       |
| <b>File Management</b>  |  |      |    |       |
| <b>Organize files</b> by heading and arrange in chronological (or reverse chronological) order                            | Protocol (all versions)  |      |    |       |
|   | Investigators' Brochure (all versions)   |      |    |       |
|   | Protocol amendments  |      |    |       |
|   | Form FDA 1572 or Declaration of Investigator (DOI- device studies), all versions           |      |    |       |
|   | CVs for PI and Sub-investigators listed on all versions of Form FDA 1572, DOI              |      |    |       |
| <b>IRB files</b><br><i>Note: Pay attention to date of IRB notification and date of IRB acknowledgment and/or approval</i> | Approval Letter (initial) for initial protocol with original informed consent              |      |    |       |
|   | Amendment approval(s) with the approved informed consent                                   |      |    |       |
|   | Approvals for:   |      |    |       |
|   | Periodic or Annual Reports   |      |    |       |
|   | Renewal Documents  |      |    |       |
|   | Notification of:   |      |    |       |
|   | Adverse Events   |      |    |       |
|   | Deaths   |      |    |       |
|   | Acknowledgement of:  |      |    |       |
|   | IND Safety Reports   |      |    |       |

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At least one week before the scheduled visit, the PI/designated study staff should complete the following activities:

|  |  |             |           |              |
|--|--|-------------|-----------|--------------|
|  | Study Termination                              |             |           |              |
|  | Final Summary                                  |             |           |              |
|  |  |             |           |              |
| <b>Task</b>  | <b>Items</b>                                   | <b>Done</b> | <b>NA</b> | <b>Notes</b> |
| <b><i>File Management</i></b>  |  |             |           |              |
| <b>Communication</b>   | Sponsor correspondence                         |             |           |              |
|  | CRO correspondence                             |             |           |              |
|  | Monitoring Log                                 |             |           |              |
| <b>Laboratory</b>  | Laboratory certification(s)                    |             |           |              |
|  | Laboratory normal ranges                       |             |           |              |
|  | CV of laboratory director                      |             |           |              |
| <b>Drug accountability</b>   | Receipt of Drug                                |             |           |              |
|  | Dispensing                                     |             |           |              |
|  | Return   |             |           |              |
| <b>Adverse Events</b>  | Serious adverse event reports made to sponsor  |             |           |              |
|  | Serious adverse event reports received         |             |           |              |
| <b>Subject documents</b>   | Completed CRFs for each subject                |             |           |              |
|  | Source documents/medical record for            |             |           |              |
| <b>Device Accountability-<br/>device log to include</b>  | Receipt of Device                              |             |           |              |
|  | Dispensing (where applicable, includes         |             |           |              |
|  | Return (where applicable)                      |             |           |              |
| <b><i>Data Review Complete the following review and note any issues to discuss with PI, Department, Temple officials</i></b> |  |             |           |              |
| <b>Review for each<br/>subject enrolled</b>  | Review Inclusion/Exclusion Criteria            |             |           |              |
|  | Document reason for excluded subjects          |             |           |              |
|  | CRFs completed for each enrolled subject       |             |           |              |
|  | Source documentation for all CRF entries       |             |           |              |
|  | Data Clarification issues satisfied            |             |           |              |
|  | Consent obtained for all subjects              |             |           |              |
|  | Verify correct version of informed consent     |             |           |              |
|  | Confirm 'Notes to File' present as appropriate |             |           |              |
| <b>Medical records<br/>and/or study files<br/>documenting data</b>   | Condition of subject at time of entry into     |             |           |              |
|  | All exposure to test article                   |             |           |              |
|  | Concomitant medications                        |             |           |              |
|  | Clinical assessments of subject during         |             |           |              |
|  | Laboratory reports                             |             |           |              |
|  | Diagnostic test reports                        |             |           |              |
|  | Diagnostic test films (if applicable)          |             |           |              |
|  | Dose modifications                             |             |           |              |
|  | Adverse events                                 |             |           |              |
|  | Protocol exceptions                            |             |           |              |
|  | Early withdrawals                              |             |           |              |

This document was developed by the Temple University IRB with assistance from the Clinical Resource HUB  
at the University of California, San Francisco.